



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

April 7, 2008

H.R. 1418 Traumatic Brain Injury Act of 2008

*As ordered reported by the House Committee on Energy and Commerce
on March 13, 2008*

SUMMARY

H.R. 1418 would amend the Public Health Services Act to authorize research and public health activities related to trauma and traumatic brain injury (TBI). CBO estimates that implementing the bill would cost \$117 million in 2009 and \$1.6 billion over the 2009-2013 period, subject to the appropriation of the necessary amounts. Enacting H.R. 1418 would not affect direct spending or federal revenues.

H.R. 1418 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA); any costs to state governments and Indian consortia would result from complying with conditions of federal assistance.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of H.R. 1418 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					
	2008	2009	2010	2011	2012	2013
SPENDING SUBJECT TO APPROPRIATION						
Spending Under Current Law						
Budget Authority ^a	391	0	0	0	0	0
Estimated Outlays	402	279	60	9	0	0
Proposed Changes						
Estimated Authorization Level ^a	0	398	405	413	423	6
Estimated Outlays	0	117	338	398	411	295
Spending Under H.R. 1418						
Estimated Authorization Level ^a	391	398	405	413	423	6
Estimated Outlays	402	396	399	407	411	295

a. The 2008 level is the amount appropriated for that year for research and other federal activities related to traumatic brain injury.

BASIS OF ESTIMATE

H.R. 1418 would authorize funding for research, treatment, surveillance, and education activities related to trauma and traumatic brain injury at the National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC). CBO estimates that those activities would require the appropriation of \$398 million in 2009 and \$1.6 billion over the 2009-2013 period. Assuming the appropriation of necessary amounts, CBO estimates that implementing H.R. 1418 would cost \$117 million in 2009 and \$1.6 billion over the 2009-2013 period.

The NIH estimates that it will allocate \$376 million for trauma-related activities in fiscal year 2008. H.R. 1418 would authorize the appropriation of such sums as are necessary for those activities over the 2009-2012 period. Based on historical program expenditures at NIH and adjusting for inflation, CBO estimates that NIH would require the appropriation of \$383 million for 2009 and \$1.6 billion over the 2009-2013 period to conduct the specified activities. Implementing those programs would cost \$111 million in 2009 and \$1.5 billion over the 2009-2013 period, assuming appropriation of the necessary amounts.

HRSA allocated \$9 million in 2008 for grants to states to expand access to care and protection services for TBI. H.R. 1418 would authorize the appropriation of such sums as are necessary for those activities over the 2009-2012 period, and would expand the program to allow consortia of American Indians to receive such grants. Based on historical spending of those programs, CBO estimates that the agency would require the appropriation of \$9 million in 2009 and \$37 million over the 2009-2012 period to carry out activities specified

by the bill. CBO estimates that implementing those provisions of H.R. 1418 would cost \$3 million in 2009 and \$24 million over the 2009-2013 period, assuming that the necessary amounts are appropriated and that future rates of spending resemble historical patterns for similar activities.

In 2008, the Centers for Disease Control and Prevention allocated \$6 million for TBI-related activities, including grants to states' TBI surveillance programs and educational activities. H.R. 1418 would authorize the appropriation of necessary amounts for those and other TBI-related activities, which CBO estimates would require \$6 million in 2009 and \$30 million over the 2009-2013 period. Based on historical spending patterns for those activities, and assuming appropriation of the necessary amounts, CBO estimates that implementing H.R. 1418's CDC provisions would cost \$3 million in 2009 and \$26 million over the 2009-2013 period.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 1418 contains no intergovernmental or private-sector mandates as defined in UMRA. State governments and Indian consortia would benefit from grant funding authorized by the bill. Any costs incurred by those entities to qualify for such grants would be incurred voluntarily as conditions of federal assistance.

PREVIOUS CBO ESTIMATES

On July 23, 2007, CBO transmitted a cost estimate for S. 793, the Traumatic Brain Injury Reauthorization Act of 2007, as ordered reported by the Senate Committee on Health, Education, Labor, and Pensions on June 27, 2007. The two bills are very similar, except that S. 793 would authorize appropriations for the activities administered by HRSA and NIH for the 2008-2011 period (rather than the 2009-2012 period specified in H.R. 1418). CBO's estimate for H.R. 1418 differs from that for S. 793 because the authorized periods differ, and because the estimate for H.R. 1418 takes into account funding appropriated for fiscal year 2008 for TBI-related activities.

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